

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. **10-799-233**
APPLICANT(S)

FILING DATE **03-12-04**

1-3-06 CLAIMS						
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1		1		
3		2	1			
4		1		1		
5		1		1		
6		1		1		
7		1	1			
8		1	1			
9		1		1		
10		1	1			
11		2		2		
12		1		1		
13		1	1			
14		1		1		
15		2		2		
16		2		1		
17	1					
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TOTAL IND.	2		6			
TOTAL DEP.	22		13			
TOTAL CLAIMS	24		19			

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